

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/673341	FILING DATE		
						APPLICANT(S)			
CLAIMS									
S FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT					
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1	1	1	1		51			
2	1	1	1	1		52			
3	2	1	1	1		53			
4	2	1	1	1		54			
5	1	1	1	1		55			
6	1	1	1	1		56			
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43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.			1		1	TOTAL IND.			
TOTAL DEP.		1	5	1	6	TOTAL DEP.			
TOTAL CLAIMS			6		7	TOTAL CLAIMS			